MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -63-017641 STATE FILE NUMBER Registrar's No. Primary Registration District No. DO NOT WRITE ON THIS STUB AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE Missourf. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN ST. LOUIS, MO. Yes.¶Z No ☐ St. Louis c. FULL NAME OF (If NOT in hospital, give location) d. STREET Inside Limits (If outside, give location) Reside on Farm PATE PATE HOSPITAL OR ADDRESS INSTITUTION ST. LOUIS CITY HOSP. #1 Yes 🖫 No 📋 3504 Arsenal Yes ☐ No ☐gr NAME OF DECEASED Middle Last DATÉ Month Day Year (Type or print) OF DEATH NELLIE GARINER 28 APRIL 1963 9. AGE (last birthday) | IF UNDER 1 YEAR IF UNDER 24 HR Never Married [8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. Married [7] Months Hours Widowed 🕎 Divorced [Female White 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Apt. Bldg. Massouri U.S.A. 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 0 James Griffin Mary Nettles Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) į (If yes, give war or dates of servi Viola Cockrell 1335 LeRoy Ave No None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH 10 RECORD というのとなんと IMMEDIATE CAUSE (a) 11 INSTEAD Conditions, if any, 1275 - 0 which gave rise to THIS above cause (a), stating the under-13 lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased female ICATION there a pregnancy in last 90 days. disease condition given in PART I (a) # No AMENDMENTS ☐ Yes □ Unknown BNONCHOFNEU-0-10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? / ⊡ WEDICAL Month, Day, Year 20c. TIME OF Hou RIBBON INJURY a.m. p.m. 20e. PLACE OF INJURY (e.g., in or about home, | 20f. CITY, TOWN, OR LOCATION STATE COUNTY 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK | **TYPEWRITER** READ 11/28/63 21. I attended the deceased from 8:35 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred SHOULD 22b. ADDRESS 22c. DATE SIGNED (Degree or title) 22a, SIGNATURE ő 4/28/63 1515 LAFAYETTE AVE. M. 3 AFFIDAVIT 23d. LOCATION (City, town, or county): 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE REMOVAL (Specify) Š Laurel Hill Cemetery St. Louis. Co. Missouri 1963 REG. 26. REGISTRAR'S SIGNA ADDRESS TEM 24. FUNERAL DIRECTOR Jos. W. Clark F.H. 1125 Hodiamont Ave.

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STATEMENT BY LICENSED EMBALMER

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

St. Louis, Jo., Minsorri

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5-1-1763

Removal

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Jos. W. Clark M.H. IRSS Lodienont Ave.